

Home Owner's Association Approval Application

PROPERTY OWNER _____ DATE _____

ADDRESS _____

PHONE NUMBER(S) _____

WHAT ARE YOU BUILDING?

HOME _____ STORAGE BUILDING AS AUXILIARY TO HOME _____ FENCE _____

SETBACK REQUIREMENTS AS PER BUILDING RESTRICTIONS/COVENANTS:

VARIANCES _____ DATE _____

REVIEW COMMITTEE REMARKS BELOW:

PLANS ARE:

APPROVED _____

DISAPPROVED _____

IF PLANS ARE NOT APPROVED, THE REASON IS STATED BELOW:

SIGNATURE _____ DATE _____

NAME and TITLE (printed) _____